

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1936. 21 1834

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24425

1. PLACE OF DEATH

County Jackson
Township Clay
City Kansas City, Mo.

Registration District No. 39
Primary Registration District No. Research Hosp

File No. 3017
Registered No. 3017
St. St. Louis Ward 1

2. FULL NAME

Thomas Bailey Elliott

(a) Residence, No. 807 E 23rd St. No. 10, Mo. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30-1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		7
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) No. Kansas City, Mo.
(STATE OR COUNTRY)

FATHER
13. NAME Ralph Elliott
14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Katherine Smiley
16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

17. INFORMANT Ralph Elliott
(ADDRESS) No. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trumble Mo. DATE July 8 1934

19. UNDERTAKER Walter F. Fugate
(ADDRESS) No. Kansas City, Mo.

20. FILED 7-8-34 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1934
22. I HEREBY CERTIFY, That I attended deceased from June 30 1934 to July 7 1934
Last saw him alive on July 7 1934 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

159
Premature
intoxication
acute
Other contributory causes of importance:

Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. H. H. H. H. M. D.
(Address) No. Kansas City, Mo.

MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]